



Fresh Futures Summer Day Camp at SBCC

June 18th - June 28th, 8:00AM - 4:00PM

Girls Name _____	Age _____	Date of Birth _____	Grade _____	School in August _____
Home Address _____	City _____	State _____	Zip _____	
Parent 1 or Guardian Name _____	Email _____			
Home Phone _____	Work Phone _____	Cell Phone _____		
Parent 2 or Guardian Name _____	Email _____			
Home Phone _____	Work Phone _____	Cell Phone _____		

\$250.00* + \$35.00 membership fee

\$ 125.00 + membership due at the time of enrollment

***Scholarships Available.**

Refund and Credits: Refund and credits are not given for the Fresh Futures Program. By signing this admission agreement, you are reserving a space in our program for your child. Girls Inc. must have the assurance of covering all costs by receiving payment for reserved spaces.

Initial

Attendance Commitment: Due to the nature of the program, regular attendance is required. 2 excused absences are allowed for the two week program. Absences must be reported to the Girls Inc. office by 7:30AM. Continued failure to report absences or excess absences will result in removal from the program and forfeiture of program fees.

Initial

Punctuality: Girls must arrive between **8:00AM and 8:15AM** to be transported to SBCC. Girls arriving after 8:15AM will be marked as absent from the program and will need to be picked up by a parent or guardian. **Girls must be picked up from Girls Inc. at the end of each day no later than 4:15PM.** Pick-up past 4:15 will result in an extended care fee of \$20.00.

Initial

Transportation: Girls Inc. will provide transportation to and from SBCC each day. If alternate transportation is requested and your child will be meeting at SBCC, arrangements must be made with program coordinator in advance.

Initial

Membership and Enrollment: A one-time yearly membership fee of \$35.00 must be paid for each girl that attends Girls Inc. Programming. Payment of membership and the first week of programming is due upon enrollment.

Initial

Parent/Guardian Signature _____ Date _____

FOR OFFICE USE ONLY

Program: _____	Prog. Fees: \$ _____	% Given: _____ %	Scholarship Amount: \$ _____	Family Pays: \$ _____
Director's Approval: _____			Date: _____	
Executive Director's Signature: _____			Date: _____	

Please note: The Mentee Application is to be completed by both the parent/guardian and the Girls Inc. Member.
Nota: Esta solicitud de alumna debe ser completada por ambos el padre/guardián y el miembro de Girls Inc.

Please answer the following questions as completely as possible. If more space is needed, please use the space provided below or write on the back of this page. / *Por favor contesta las siguientes preguntas lo mejor que pueda. Si necesita más espacio, use el espacio proporcionado o escriba detrás de esta hoja.*

Parent/Guardian Questionnaire/Encuesta para Padre/Guardián

Girls Inc. Member First and Last Name/ El nombre y apellido del miembro: _____

1. Why do you want your daughter to participate in the mentoring program? What do you hope she will gain from participating? / *¿Por qué quiere que su hija participe en el programa de mentores? ¿Qué espera que aprenda de su participación?*

2. Describe your child's school performance including grades, homework, attendance, behaviors, etc./ *Describe el desempeño escolar de su hija incluyendo calificaciones, tarea, asistencia, comportamientos, etc.:*

3. Is your child currently having any problems either at home or at school? / *¿Su hija tiene actualmente algún problema en casa o en la escuela?*

4. Has your child experienced any traumatic events (e.g., death in the family, abuse, divorce, etc.)? If you are comfortable sharing, please provide details. / *¿Su hija ha sufrido algún evento traumático (por ejemplo, muerte en la familia, abuso, divorcio, etc.)? Si se siente cómodo al compartir, por favor proporcione los detalles.*

5. Can you provide any additional background information that may be helpful to Girls Inc. in matching your daughter with an appropriate mentor? / *¿Puede proporcionar cualquier información adicional que pueda ser útil para Girls Inc. al encontrar un mentor apropiado para su hija?*



Please note: The Mentee Application is to be completed by both the parent/guardian and the Girls Inc. Member.
Nota: Esta solicitud de alumna debe ser completada por ambos el padre/guardián y el miembro de Girls Inc.

Girls Inc. builds a partnership with you for the success of your mentee. YOU, the parent/guardian, are the KEY to SUCCESS! Your mentee's engagement and enthusiasm ensures the success of the Bold Futures Mentoring Project. / *Girls Inc. crea una asociación con usted para el éxito de su alumno. ¡USTED, el padre/guardián, es la CLAVE del ÉXITO! El compromiso y entusiasmo de su alumno garantiza el éxito del Proyecto de Mentor Bold Futures.*

Girls Inc. Member First and Last Name/ El nombre y apellido del miembra: _____

Please initial each of the following/*Inicie por favor cada una de las declaraciones siguientes:*

_____ I give my informed consent and permission for my daughter to participate in the Girls Inc. Bold Futures Mentoring Project and its related activities./ *Doy mi consentimiento informado y mi permiso para que mi hija participe en el Proyecto de Mentor Bold Futures de Girls Inc. y sus actividades relacionadas.*

_____ I agree to have my daughter follow all mentoring program guidelines and understand that any violation on my child's part may result in suspension and/or termination of the mentoring relationship./ *Acepto que mi hija siga todas las pautas del programa de mentoría y entiendo que cualquier violación por parte de mi hija puede resultar en suspensión y / o terminación de la relación de mentoría.*

_____ I understand that my daughter will meet with her mentor on a regular Schedule. /*Entiendo que mi hija se reunirá con su mentor en un horario regular.*

_____ I understand that my daughter may not meet with her mentor in person outside of the Girls Inc. program./ *Entiendo que mi hija no puede reunirse con su mentor en persona fuera del programa Girls Inc.*

By signing below, I attest to the truthfulness of all information on this application and agree to all the above terms and conditions. / *Al firmar a continuación, doy fe de la veracidad de toda la información sobre esta solicitud y estoy de acuerdo con todos los términos y condiciones anteriores.*

(Please print) Parent/Guardian Name
(En letra de molde) Nombre de padre/guardián

Parent/Guardian Signature
Firma de padre/guardián

Date / Fecha





Membership Enrollment Form 2018-2019

Girls Incorporated of Carpinteria

5315 Foothill Road, Carpinteria CA 93013

805. 684.6364

Please Print all of the information below.

Girls Name	Age	Date of Birth	Grade in August	School Attending in August
Address	City	State	Zip	
Parent 1 or Guardian Name	Email			
Home Phone	Work Phone	Cell Phone		
Parent 2 or Guardian Name	Email			
Home Phone	Work Phone	Cell Phone		

In addition to the parent/guardians, the following adults (18 years and older) are authorized to take this child from the facility. These names also serve as emergency contacts. These contacts must be reachable and available for immediate pick-up or response.

Name	Phone Number	Name	Phone Number
Name	Phone Number	Name	Phone Number

General Liability and Release and Consent:

I give permission for my child to become a member of Girls incorporated of Carpinteria. I further hold Girls Incorporated of Carpinteria, any of its officials, staff, volunteers, spouses, and their heirs harmless from any accidental injury or loss of property that may occur to the person named above while participating in any of the Girls Incorporated of Carpinteria Programs. I further give consent for any media or marketing materials in which my daughter may appear to be used in any way Girls incorporated of Carpinteria may care to use them. I understand that Girls Incorporated of Carpinteria and our National Headquarters may conduct research about the impact of its programs for girls. I agree to allow my child to take part in pre/post testing and other evaluation efforts. All information regarding girls or their participation in programs will remain confidential.

Health Information:

Is there anything we should know about your daughter that will help provide her with the best and safest possible experience?

Allergies to: Food Medicine Other None Known

Please explain: _____

Please list ALL medications (including OTC) taken by your child: _____

Special Disabilities: Learning Developmental Emotional Visual Hearing Mobility

Other special needs: _____

Medical Insurance Name	Physician Name	Dentist Name
Medical Coverage Number	Physician's Phone Number	Dentist's Phone Number

Parent/Guardian-PLEASE READ AND SIGN: I give permission to obtain all emergency medical or dental care prescribed by a duly licensed Physician, Osteopath or Dentist for my child. This care may be given under whatever conditions are necessary to preserve life, limb or well being of the child named above.

Parent/Guardian Signature _____ Date _____
FY 2018/2019



Girls Incorporated of Carpinteria Census Report 2018-2019

This information is kept anonymously and in confidence. It will be used strictly for statistical data reports to Girls Inc. National Organization and potential funders. Thank you for your help.

Girl's Name: _____

Child's Age: _____

Please mark all appropriate boxes.

Annual Household Income:

- Below \$10,000
- \$10,000 to \$20,000
- \$20,000 to \$30,000
- \$30,000 to \$40,000
- \$40,000 to \$50,000
- \$50,000 to \$75,000
- Over \$75,000

My Girl Qualifies for Free Lunch:

- Free Lunch
- Reduced Lunch

Family Configuration: (please check all that apply)

- Living with two parents
- Living with mother only
- Living with father only
- Living with one parent at a time (joint custody)
- Neither parent (foster, grandparent, relative)
- Multi-Family

Ethnicity:

- Multi-ethnic
- Asian American
- Black-African American
- Native American
- White/Caucasian
- Hispanic/Latina
- Pacific Islander
- Filipina
- Other: _____

Primary Language(s) Spoken at Home:

- English
- Spanish
- Farsi
- Mandarin
- Tagalog
- Vietnamese
- Other: _____

Residence Area:

- Sand Piper
- Dahlia Court
- Villa Del Mar
- Casitas Village
- Concha Loma
- Ventura
- Santa Barbara
- Summerland
- Santa Paula
- Other: _____

Number in Household: _____

Please list highest level of education:

- | <u>Mother</u> | <u>Father</u> |
|---|---|
| <input type="radio"/> Less than high school | <input type="radio"/> Less than high school |
| <input type="radio"/> High school diploma/GED | <input type="radio"/> High school diploma/GED |
| <input type="radio"/> Some college | <input type="radio"/> Some college |
| <input type="radio"/> 2 year college | <input type="radio"/> 2 year college |
| <input type="radio"/> 4 year college | <input type="radio"/> 4 year college |
| <input type="radio"/> Master's degree | <input type="radio"/> Master's degree |
| <input type="radio"/> Doctoral degree | <input type="radio"/> Doctoral degree |
| <input type="radio"/> Professional degree | <input type="radio"/> Professional degree |
| <input type="radio"/> Don't know or N/A | <input type="radio"/> Don't know or N/A |

Are any immediate family members active duty military personnel? Yes No

Is your child an English Learner? Yes No

Does your child have an IEP? Yes No

Girls Inc. of Carpinteria Program Admissions Form 2018-2019

Child's Name _____

Grade in August _____ School _____

Parent/Guardian Name _____

Child's File: A file is maintained for each child admitted to Girls Incorporated of Carpinteria's Programs. The file included this admission agreement and an enrollment form containing health history and emergency care information. The information in a child's file is confidential and it may be reviewed only by the Parent/Guardian, a representative of Girls Inc. a representative of Community Care Licensing, or the Department of Social Services of California. If necessary, please explain any special circumstances that apply to your child's file, pick-up procedures, etc. and provide legal documentation. It is the responsibility of the parent/guardian to keep Girls Inc. informed of changes in this area.

Policies: All policies related to Girls Incorporated Programs are included in this agreement or in the Parent Handbook, which is available for each Parent/Guardian.

Hours: Administration hours are from 9:00am-6:00pm. Summer program hours are from 9:00am-6:00pm (extended care is available an additional fee). After School Program hours begin at school release-6:00 pm. For more information, please ask office staff.

Scholarships: Scholarships are available for those who qualify. One must fill out a scholarship application and submit a copy of one's most recent Adjusted Gross Income (AGI) from your Internal Federal Taxes and three most recent pay stubs for all parties. If divorced parents have joint financial responsibility for their child, both parties must submit separate paperwork. Scholarship documentation needs to be turned in prior to registration. Discounts do not apply for those on scholarship.

Sign-In/Sign-Out Policy: Parents/Guardians are required to sign the Sign-In/Sign-Out sheet when checking in their child in or out of the center. Only authorized people with proper identification may pick up your child! A signed and dated note by you is required for anyone not on your authorized list.

Snacks: During our programming we offer healthy daily snack(s). Usually one during half days and two during full (extended) days.

Illnesses: Girls Incorporated is not equipped to care for sick children. If a child is unable to participate in our normal routine, the parent/guardian will be called and asked to take the child home. Children will not be allowed to enter the program while having the following: 1. Fever greater than 101^o Fahrenheit 2. Serious diarrhea 3. Vomiting 4. Obvious pain or discomfort 5. A contagious rash or illness 6. Head lice

Medication: No medications will be given to a child without written instructions and signed authorization (Lic 9221). All medication must be given to the Program Director. All medications must be in its original container with an unaltered label containing your child's name and current date. The written instructions must be given to the Program Director who will delegate the dispensation of the medication to the Program Leader. No medication of any kind may be administered by a staff without Parent/Guardian authorization on file at Girls Incorporated. Medication is kept in a storage cabinet in the office. Medication that needs refrigeration will be kept in the staff refrigerator.

Sunscreen: Please provide your child with sunscreen if she has any known allergies to sunscreen. Otherwise, we will administer our in-house sunscreen as needed. Application of said sunscreen will be applied in a respectful and non-threatening manner.

Emergency Procedures: If your child is injured, the Program Director or Program Leader will take the necessary steps to obtain the medical care. These steps may include, but are limited to the following:

- Attempt to contact a parent or guardian, then listed emergency contacts
- Contact child's doctor
- Have a staff person take the child to an emergency clinic/hospital
- Call an ambulance or paramedic

Release Authorization: You have provided us with 4 individuals authorized to pick up your child in your absence. Changes and additions to this list *must be made in person by the parents/guardians* listed in the registration packet. If you cannot make this change in person, a one-time exception will be made if a signed letter is sent via fax or email directly from a parent or guardian.

*
Parent Initials

***Extended care of \$20.00 per week (per family) is due in advance with weekly payment.**

Failure to Report Absence: *There is a \$5.00 charge for failing to report your child's absence by 9:00am in the summer and 11am during the school year.

Late Pick-Up: Our program closes at 6:00pm. A late fee at the rate of \$1.00 per minute begins to accrue at 6:06pm. You will be asked to fill out a late payment form, including how you would prefer to pay your late fee. You may pay the late fee at the time you pick up your child or it may be added to your bill. Continued lateness may result in the need for you find alternative care. PLEASE NOTE, picking up later than 6:30 may result in involving the sheriff

Field Trips: Our center has 15 passenger vans that are used for field trips. Our drivers have Class B Licenses. Parents/Guardians will be informed in advance by weekly activity calendars. It is the Parents/Guardians responsibility to inform us if their child is not able to attend a scheduled field trip on a day that she is at the center.

Parent/Guardian Orientation: All new parents/guardians are required to attend a Parent/Guardian Orientation Meeting before the commencement of our Summer Programming. This meeting gives an opportunity to be informed about all our policies and procedures, as well as the activities we will be offering. Please ask about upcoming meeting dates and times.

Grievance Procedure: Parent/Guardian should discuss and resolve the matter with the immediate staff person involved; if the matter is not resolved; both will schedule an appointment with the Program Director; if still unresolved, it may be taken to the Executive Director.

Termination of the Agreement: A parent/guardian may terminate the agreement at any time by giving Girls Incorporated written notice one week prior to the date that the child will be withdrawn from the program to avoid incurring charges onto account. Girls Incorporated agrees that it will not modify the condition of this agreement without giving the parent/guardian 14 days written notice. When changes are made, the parent/guardian and representative of Girls Incorporated will sign the modified agreement.

Discounts: A discount of \$2.00 per week will be applied if a family enrolls in our automatic payment system with a credit or debit card. A sibling discount of 10 percent is given to eligible families . Families on scholarship are not eligible for discounts.

Discipline Policy: Girls Incorporated promotes self-discipline and tried to establish rules which are sensible and help each girl feel safe and secure. When a girl breaks a rule, she is reminded of the proper behavior at our site. Time out and conferences with Program Director and Parent/Guardian are usually the only methods of discipline that are required. If girl continually breaks rules or is abusive with others a Citizenship Report will be written. After a girl received two or more Citizenship Reports, probation or suspension may become necessary. Girls Incorporated believes hurting others and foul language are not appropriate and these behaviors are not tolerated.

Opportunities for Parents: Girls Incorporated of Carpinteria always encourages parents to volunteer around the center. Areas where volunteers are needed are: facilitation of classes, field trips, events, and others. If at any time a parent/guardian has an idea pertaining to our program, please feel free to share them with the Program Director. Suggestion box is also available in the lobby are.

Community Care Licensing Authority: The Department of Social Services or Community Care Licensing has the authority to interview a child or staff, to observe the physical conditions of a child, including conditions which could indicate abuse, neglect or inappropriate placement; to have a licensed medical professional physically examine the child, and to inspect and audit the child or facility records without permission.

Note: In case of extreme weather or other emergencies, we follow the Carpinteria Unified School Districts decision. We also contact local radio stations if and when we close for emergencies. In case of an emergency please call 805.684.6364 for any further information

Acknowledgement

I, and legal parent/guardian or designated representative of _____
(print child's name)

have received and read the information contained in this documents provided by Girls Incorporated of Carpinteria, and agree to abide by the stated policies. I also agree that I will attend a required Parent/Guardian Orientation Meeting before allowing my child to attend Girls Incorporated programming.

Printed Parent/Guardian Name: _____

Signature of Parent/Guardian: _____ **Date:** _____

Consent to Release of Education Records

Note: The Carpinteria Unified School District may permit access to pupil records (education records) to third parties upon the written consent of a parent or guardian, in accordance with requirements of the California Education Code and the Family Educational Rights and Privacy Act. When completed and returned to the District, this Consent will authorize such access. Please read this Consent form carefully before signing and returning to the District.

I, _____, consent to the release of my child's education records (electronic academic records) by the Carpinteria Unified School District (District) to:
Girls Incorporated of Carpinteria (Agency) and staff employed by the Agency, for the purposes provided below.

I understand that release of education records is limited to the following:

1. Name of student
2. School of student
3. Attendance
4. Grade Point Average, & Grades Earned
5. Upcoming Assignments
6. Missing Assignments
7. State Assessments
8. Classroom Benchmark Assessments

This release gives my consent to the District to permit such access and to Agency staff to access these education records online, using the District's Assessment Data Management System and/or Student Information Database System. This Consent will be kept with my child's pupil records file.

I understand that the purpose of sharing these records is to authorize my child's after school service provider to access information concerning my child's academic program and progress. Agency staff will work with the school, the family and the student in an effort to improve my child's academic success at school. The Agency and its staff are not permitted to transmit any of my child's education records or information to any other parties without my written consent.

I acknowledge that I may submit at any time a subsequent notification in writing directing the Carpinteria Unified School District to no longer permit the Agency or its staff access to my child's education records.

This Consent to Release of Education Records is valid for the **2018-19 school year**, or as long as the student is served by the Agency, whichever is the lesser time length. Unless earlier terminated, this Consent will expire on **June 30, 2019**.

Carpinteria Unified School District is authorized to release information to the following agency and its staff (please print clearly and sign your name):

Student's Name

Student's Date of Birth

Parent/Guardian's Signature

Date

Girls Incorporated of Carpinteria, 5315 Foothill Road, Carpinteria, CA 93013, 805-684-6364
Agency Name, Address & Telephone Number

